

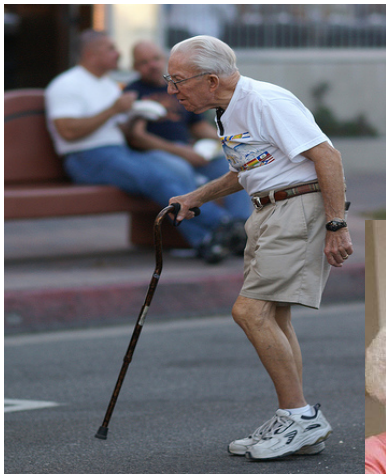
---

# State of South Carolina

## Lieutenant Governor's Office on Aging

---

### State Long Term Care Ombudsman Program Annual Report 2008



---

State of South Carolina  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, SC 29201

---

# ***OFFICE OF THE SOUTH CAROLINA STATE LONG TERM CARE OMBUDSMAN PROGRAM***

## **HISTORY**

In 1972, as a part of President Nixon's Eight Point Initiative, the SC Long Term Care Ombudsman (then Nursing Home Ombudsman) program was funded through a demonstration project. SC was one of only seven projects funded in this initiative. The objective of the project was to "respond in a responsible and constructive way to complaints made by or on behalf of individual nursing home patients."

The 1978 Amendments to the Older Americans Act required every state to have a state level Ombudsman Program and specifically defined ombudsman functions and responsibilities:

- Investigate and resolve complaints about nursing homes
- Encourage citizen involvement in nursing homes
- Monitor the development and implementation of regulations, laws, and policies affecting nursing home residents

In 1981, the Older Americans Act Amendments expanded Ombudsman Program coverage to include board and care homes, (labeled residential care facilities in South Carolina). The name of the program was changed from Nursing Home Ombudsman to Long-Term Care Ombudsman to reflect this transformation of the program.

## **PURPOSE**

The Long Term Care Ombudsman Program advocates for the rights of residents of long term care facilities and works to enhance and improve their quality of care and life.

Residents in long term care facilities are often physically and emotionally vulnerable, facing daily challenges in pursuing a meaningful quality of life. Whenever problems arise, residents or families can call upon a Long Term Ombudsman for assistance. Ombudsmen receive complaints about long-term care services and then voice the residents' concerns to the staff/administrators of nursing homes, residential care facilities, and other providers of long-term care.

Experience has shown that when residents and families understand the long-term care system, they are able to effectively act on their own behalf when problems occur. By educating residents, families and facility staff, the Long Term Care Ombudsman Program fosters an understanding and knowledge of the long term care system and often empowers residents and families to self-advocate.

The Ombudsman Program is governed by the federal Older Americans Act (P.L. 89-73), as well as South Carolina laws § 43-35-5 (Omnibus Adult Protection Act) and §43-38-10.

The Lieutenant Governor's Office on Aging administers the statewide program through ten (10) regional offices. These programs are located within Area Agencies on Aging and funded with federal, as well as state and local dollars.

### ***Ombudsman Activities***

The Long Term Care Ombudsman is responsible for assuring that residents in long term care facilities receive quality care. Ombudsmen act as a voice for residents and encourage advocacy by educating residents and their families about what kind of care to expect, providing a mechanism to file a complaint, and empowering residents and families to serve as their own advocates.

Following are other services provided by ombudsmen:

Investigate and resolve complaints made by or on behalf of residents;

Inform residents about services provided by long-term care providers, public agencies, health and social service agencies or other services to assist in protecting their health, safety, welfare, and rights;

Provide regular and timely access to ombudsman services for residents and timely responses to complaints;

Analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions pertaining to the health, safety, welfare and rights of residents;

Provide support for the development of resident and family councils in facilities;

Prohibit inappropriate disclosure of the identity of any complainant or resident with respect to Long Term Care Ombudsman files or records;

Educate the community about the needs of long-term care residents;

Coordinate efforts with other agencies concerning with long-term care;

Make friendly visits to long-term care facilities to talk to residents and monitor conditions; and

Provide training and educate facility staff about resident rights and other long-term care issues.

### ***Volunteer Ombudsman Program***

In FY07, the name of the Volunteer Ombudsman Program changed to the Friendly Visitor Program to better reflect the program's purpose. That year also saw an upswing in number of volunteers recruited, trained, and working; in visits made to facilities; and in facilities requesting participation in the program.

The program ended the year with 35 Friendly Visitors volunteers working in the program. Volunteers made 433 visits an increase of 22% in number of visits, up from 354 visits in the previous fiscal year. They spent a total of 1233.03 hours visiting 6,116 residents during the year. This was an increase of 26% in hours, up from 975.23, and an increase of 41%, up from 4349.

The program, which was previously limited to three regions, expanded to cover seven of the ten regions in South Carolina. Additional expansion to cover the remainder of the state is in the planning stage.

### ***OMBUDSMAN COMPLAINTS***

Ombudsmen work closely with residents, families and facility staff to offer guidance and resolve substantiated complaints. In federal fiscal year 2007-2008, the Long Term Care Ombudsman Program received 6,858 complaints involving residents in long-term care facilities. As stated previously, the ombudsman program is also responsible for investigating complaints in psychiatric hospitals and facilities operated or contracted for operation by the SC Department of Mental Health (SCDMH) and the SC Department of Disabilities and Special Needs (SCDDSN). Of the 6,858 complaints, 3,538 were from nursing homes, 3,276 were from residential care facilities, and 44 were from other facilities.

Often a single complaint affects more than one resident. For example, complaints regarding lack of staff to assist with meals could affect a single resident or the entire facility depending on the circumstances. Also, a case may have more than one complaint. For instance, a resident may voice a complaint about the length of time it takes staff to answer call lights and the poor attitude of staff when complaints are lodged. More than 70% of the cases investigated by the LTCOP involved multiple complaints in a case file.

### ***CASES, COMPLAINANTS AND COMPLAINTS***

Complaints are received from many sources, although most complaints are reported by the facility. In South Carolina, in accordance with the Omnibus Adult Protection Act, facilities (other than facilities operated or contracted for operation by South Carolina Department of Disabilities and Special Needs DDSN or South Carolina Department of Mental Health DMH)) must report all suspected cases of abuse, neglect, and exploitation to the Long Term Care Ombudsman. In most other states, these complaints are reported to the regulatory agency or Adult Protective Services. With the change to the Omnibus Adult Protection Act, facilities operated or contracted for operation by DDSN and DMH report incidents of abuse, neglect or exploitation directly to the South Carolina Law Enforcement's Vulnerable Adult Investigation Unit.

### **QUICK FACTS**

Number of Cases Opened	3,621
Number of Cases Closed	3,464
Total Number of Complaints	6,858
Trainings to Facility Staff	77
Consultations to Facilities	841
Consultations to Individuals	1,386

FY 2008	Number of Facilities	Number of Beds
Nursing Homes	195	19,838
ICF/MR (<15 Beds)	78	646
ICF/MR (>15 Beds)	9	1,218
Residential Care Facilities	481	16,768
Total Facilities	763	38,470

Residents accounted for approximately thirty-three (33) percent of the complaints called in to the Ombudsman's office, and families or guardians accounted for approximately fourteen (14) percent of the complaints. Though complaints are confidential as required by federal and state law, about five (5) percent of the complainants prefer to remain anonymous, citing fear of retaliation as the most common reason. The Long Term Care Ombudsman Program continues to educate callers regarding their protection from retaliation as specified in state law.

## *Types of Complaints by Facility Type*

The table below illustrates the complaints received in the 133 different categories made by or on behalf of long term care facility residents.

Complaint Categories		Number of Complaints	
	Residents Rights	Nursing Homes	RCFs
	<b>Abuse, Neglect, Exploitation</b>		
1	Abuse, physical	277	118
2	Abuse, sexual	17	21
3	Abuse, verbal	238	167
4	Financial exploitation	32	64
5	Gross Neglect	159	75
6	Resident-to-resident physical or sexual abuse	73	41
7	Other abuse, neglect, or exploitation	0	0
	<b>Access to Information by Resident</b>		
8	Access to own records	3	4
9	Access to ombudsmen/visitors	6	9
10	Access to facility survey	1	0
11	Information regarding advance directives	43	7
12	Information regarding medical conditions	19	15
13	Information regarding rights, benefits	58	106
14	Information communicated in understandable Language	65	55
15	Other – Specify	0	0
	<b>Admission, Transfer, Discharge, Eviction</b>		
16	Admission contract/procedure	7	3
17	Appeal process	0	0
18	Bed hold – written notice, refusal to readmit	7	4
19	Discharge/eviction	162	121
20	Discrimination in admission due to condition	0	1
21	Discrimination in admission, medical status	3	1
22	Room assignment/room change	13	8
23	Other	0	0
	<b>Autonomy, Choice, Preference, Rights</b>		
24	Choose personal physician, pharmacy	2	4
25	Confinement in facility against will	11	15
26	Dignity, respect, staff attitudes	205	89
27	Exercise preference/choice and rights	55	49
28	Exercise right to refuse treatment	17	11
29	Language barrier in daily routine	2	4
30	Participate in care planning	2	3
31	Privacy-telephone, visitors	43	24

32	Privacy in treatment	6	4
33	Response to complaints	21	9
34	Reprisal, retaliation	20	18
35	Other	0	0
	<b>Financial, property (except for financial exploitation)</b>		
36	Billing charges – notice, approval, wrong	38	62
37	Personal funds – access/information denied	18	63
38	Personal property lost, stolen, used by others	86	38
39	Other	0	0
	<b>Resident Care</b>		
40	Accidents, improper handling	420	145
41	Call lights, response for assistance	97	37
42	Care plan/resident assessment	79	80
43	Contracture	2	1
44	Medication errors	98	275
45	Personal hygiene	96	61
46	Physician services	21	35
47	Pressure sores	54	14
48	Symptoms unattended	100	75
49	Toileting, incontinent care	68	26
50	Tubes – neglect of catheter, NG tube	21	3
51	Wandering, failure to accommodate/monitor	13	42
52	Other	0	1
	<b>Rehabilitation or Maintenance of Function</b>		
53	Assistive devices or equipment	29	11
54	Bowel and bladder training	1	6
55	Dental Services	4	3
56	Mental health	4	11
57	Range of motion/ambulation	3	1
58	Therapies – physical, occupational, speech	22	5
59	Vision and hearing	2	5
60	Other	0	0
	<b>Restraints – Chemical and Physical</b>		
61	Physical restraint	12	22
62	Psychoactive drugs	4	14
63	Other	0	0
	<b>Activities and Social Services</b>		
64	Activities	12	26
65	Community interaction/transportation	6	19
66	Roommate conflict	16	31
67	Social services	3	32
68	Other	0	0



	<b>Dietary</b>		
69	Assistance in eating or assistive devices	26	14
70	Fluid availability/hydration	28	8
71	Menu/food service – quantity, quality	35	115
72	Snacks, time span between meals	11	16
73	Temperature	10	9
74	Therapeutic diet	9	16
75	Weight loss due to inadequate nutrition	18	8
76	Other	0	0
	<b>Environment</b>		
77	Air/environment	15	38
78	Cleanliness, pests, general housekeeping	21	96
79	Equipment/buildings – disrepair, hazard	16	102
80	Furnishings, storage for residents	2	20
81	Infection control	9	15
82	Laundry – lost, condition, damaged	10	29
83	Odors	19	31
84	Space for activities, dining	1	1
85	Supplies and linens	8	50
86	Other	1	3
	<b>Policies, Procedures, Attitudes, Resources</b>		
87	Abuse investigation/reporting	14	16
88	Administrator(s) unresponsive, unavailable	13	23
89	Grievance procedure	4	0
90	Inadequate record keeping	11	49
91	Insufficient funds to operate	1	60
92	Operator inadequately trained	0	10
93	Offering inappropriate level of care	5	27
94	Resident or family council not supported	1	0
95	Other	0	1
	<b>Staffing</b>		
96	Communication, language barrier	6	4
97	Shortage of staff	58	48
98	Staff training, lack of screening	42	42
99	Staff turnover	4	5
100	Staff unresponsive, unavailable	60	62
101	Supervision	29	64
102	Other	2	1
	<b>Problems With Outside Agency</b>		
	<b>Certification/licensing agency</b>		
103	Access to information	0	0
104	Complaint, response to	0	0
105	Decertification/closure	1	5
106	Intermediate sanctions	1	8
107	Survey process	2	7

108	Survey process – ombudsman participation	1	0
109	Transfer or eviction hearing	0	0
110	Other	0	0
	<b>State Medicaid Agency</b>		
111	Access to information, application	4	0
112	Denial of eligibility	4	1
113	Non-covered services	2	0
114	Personal needs allowance	1	3
115	Services	0	2
116	Other	0	0
	<b>Systems/Others</b>		
117	Abuse/neglect/abandonment by family	10	8
118	Bed shortage, placement, lack of alternative	0	1
119	Board and care regulations	1	7
120	Family conflict, interference	48	18
121	Financial exploitation or neglect by family	60	24
122	Legal – guardianship issue	13	9
123	Medicare	0	1
124	PASARR	0	1
125	Resident's physician not available	2	0
126	Protective Service Agency	1	3
127	SSA, SSI, VA, Other benefits	0	0
128	Other, including request for less restrictive placement	2	4
	<b>Complaints about services in settings other than long-term care facilities</b>		
129	Home care	0	0
130	Hospital or Hospice	1	0
131	Public or other congregate housing	0	0
132	Services from outside provider	0	0
133	Other Complaints	0	44
<b>Total Nursing Home Complaints</b>			3,538
<b>Total Residential Care Facility Complaints</b>			3,276
<b>Total Complaints from other Facilities</b>			44

Action on Complaints	NH	RCF	OTHER
1. Verified	1,591	1,419	17
2. Required Regulation Change	4	18	0
3. Complaint Not Resolved	74	36	0
4. Complaint Withdrawn	71	46	0
5. Referred, No Final Report	485	718	10
6. Referred, Agency Failed to Act	18	19	0
7. No Action Needed	261	198	3
8. Complaint Partially Resolved	170	109	1
9. Complaint Resolved to Satisfaction	2,455	2,132	30

### ***OMBUDSMAN COMPLAINT ACTIVITY***

Long Term Care Ombudsmen are active advocates working to resolve complaints from or on behalf of residents within long-term care facilities. The goal of the program is the resolution of problems within a facility, encouraging communication of concerns by residents and their representatives to the administration, and providing informal mediation or negotiation of solutions.

The complaints and actions listed below represent the total number of complaints processed through the Long Term Care Ombudsman's Office.

Following the 2006 change in the Omnibus Adult Protection Act, the Long Term Care Ombudsman Program assumed the additional responsibility of investigating non-criminal complaints in Community Training Homes and Supervised Living Programs operated or contracted for operation by the Department of Disability and Special Needs, as well as the Home Share and the Sexually Violent Predator Programs contracted or operated by the Department of Mental Health. The Long Term Care Ombudsman Program has taken a proactive stance by visiting the consumers/residents in the Community Training Homes, Supervised Living Programs at the day programs and in the Home Share environments. The Long Term Care Ombudsmen offer and/or provide training to nursing home, residential care, Disability and Special Needs Boards staff and contract employees, as well as Department of Mental Health staff.

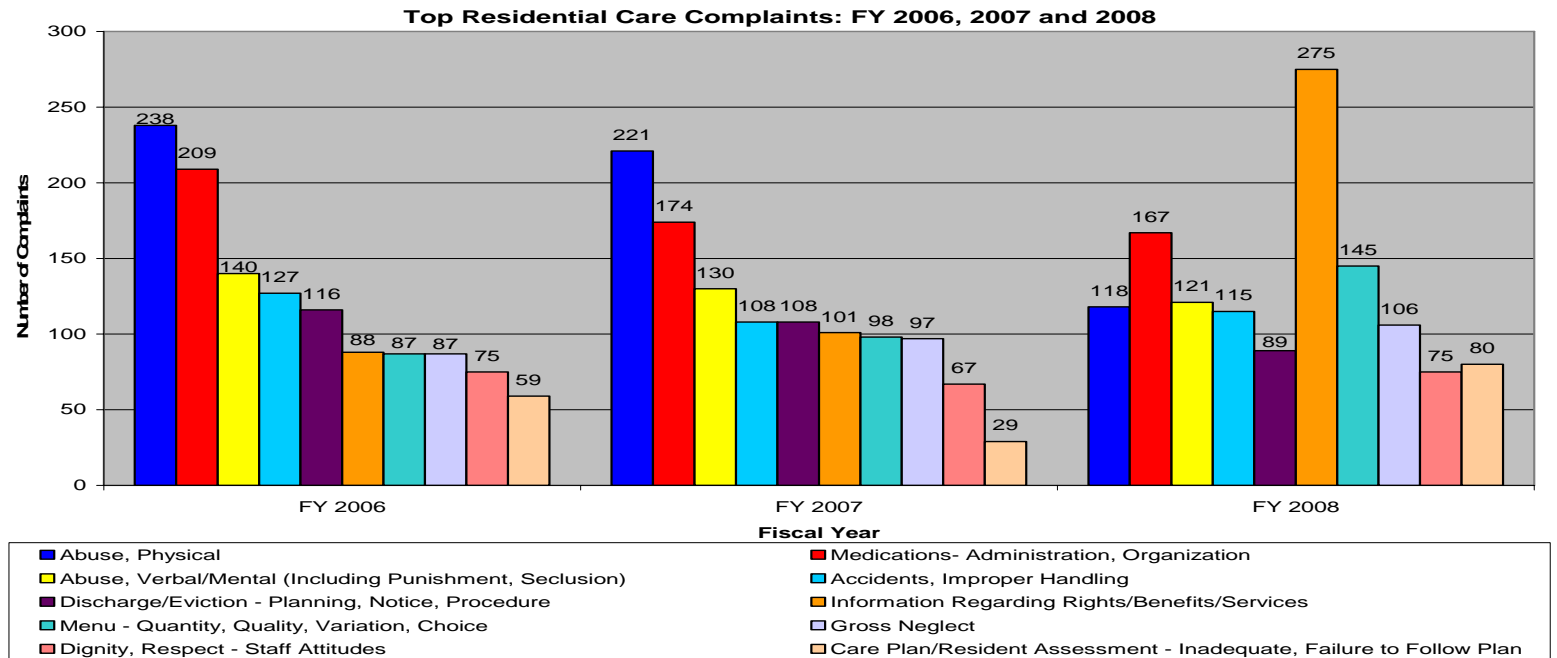
The numbers below have been sorted to reflect the values from DDSN and DMH facilities:

Action on Complaints	DDSN	DMH
1. Verified	126	43
2. Information Only	0	0
3. Referred to Law Enforcement	24	1
4. Referred to AG's Office	16	27
5. Referred to SLED	36	53

# Data

## Top Residential Care Complaints for 2006, 2007 and 2008

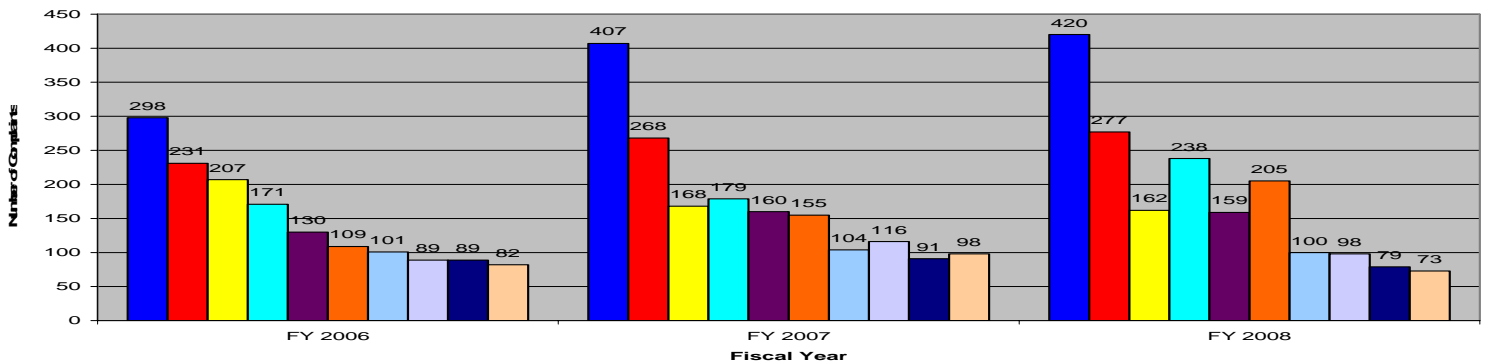
Complaint Description	Residential Care		
	FY 2006	FY 2007	FY 2008
Abuse, Physical	238	221	118
Medications- Administration, Organization	209	174	167
Abuse, Verbal/Mental (Including Punishment, Seclusion)	140	130	121
Accidents, Improper Handling	127	108	115
Discharge/Eviction - Planning, Notice, Procedure	116	108	89
Information Regarding Rights/Benefits/Services	88	101	275
Menu - Quantity, Quality, Variation, Choice	87	98	145
Gross Neglect	87	97	106
Dignity, Respect - Staff Attitudes	75	67	75
Care Plan/Resident Assessment - Inadequate, Failure to Follow Plan	59	29	80



## Top Nursing Facility Complaints: FY 2006, 2007 and 2008

Complaint Description	Nursing Facility		
	FY 2006	FY 2007	FY 2008
Accidents, Improper Handling	298	407	420
Abuse, Physical	231	268	277
Discharge/Eviction - Planning, Notice, Procedure	207	168	162
Abuse, Verbal/Mental (Including punishment, seclusion)	171	179	238
Gross Neglect	130	160	159
Dignity, Respect - Staff Attitudes	109	155	205
Symptoms, Unattended, no notice to other of change in condition	101	104	100
Medications - Administration, Organization	89	116	98
Care Plan/Resident Assessment - Inadequate, Failure to Follow Plan	89	91	79
Resident to Resident Physical Abuse	82	98	73

**Top Nursing Facility Complaints: FY 2006, 2007 and 2008**



■ Accidents, Improper Handling	■ Abuse, Physical
■ Discharge/Eviction - Planning, Notice, Procedure	■ Abuse, Verbal/Mental (Including punishment, seclusion)
■ Gross Neglect	■ Dignity, Respect - Staff Attitudes
■ Symptoms, Unattended, no notice to other of change in condition	■ Medications - Administration, Organization
■ Care Plan/Resident Assessment - Inadequate, Failure to Follow Plan	■ Resident to Resident Physical Abuse

## Regional Ombudsmen

COMMUNITY OMBUDSMAN PROGRAMS	COUNTIES SERVED	TELEPHONE NUMBERS
<b>Region 1: Appalachia</b>	Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg	(864) 242-9733 1-800-434-4036 (outside Greenville County)
<b>Region 2: Upper Savannah</b>	Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda	(864) 941-8070 1-800-922-7729 (outside Greenwood County)
<b>Region 3: Catawba</b>	Chester, Lancaster, York, Union	(803) 329-9670 1-800-662-8330 (outside York County)
<b>Region 4: Central Midlands</b>	Fairfield, Lexington, Newberry, Richland	(803) 376-5389 1-866-394-4166 (outside Richland County)
<b>Region 5: Lower Savannah</b>	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg	(803) 649-7981 1-866-845-1550 (outside Aiken County)
<b>Region 6: Santee-Lynches</b>	Clarendon, Kershaw, Lee, Sumter	(803) 775-7381 1-800-948-1042 (outside Sumter County)

<b>Region 7: Vantage Point</b>	Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro	(843) 383-8632 1-866-505-3331 (outside Darlington County)
<b>Region 8: Waccamaw</b>	Georgetown, Horry, Williamsburg	(843) 546-4231 1-888-302-7550 (outside Georgetown County)
<b>Region 9: Trident</b>	Berkeley, Charleston, Dorchester	(843) 554-2280 1-800-864-6446 (outside Charleston County)
<b>Region 10: Lowcountry</b>	Beaufort, Colleton, Hampton, Jasper	(843) 726-5536 1-877-846-8148 (outside Jasper County)
<b>State Long Term Care Ombudsman's Office</b>		(803) 734-9900 1-800-868-9095 (outside Richland County)

